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ALAN J. DIXON  
Secretary of State

# **ILLINOIS REGISTER**

# **Rules and Regulations of Governmental Agencies**

## of Governmental Agencies (Index Division) (Rules Section)

## VOLUME NUMBER TWO

**EDITOR  
WILLIAM H. MINICK  
INDEX DEPARTMENT  
RULES SECTION**

ISSUE NUMBER FOUR

**490 CENTENNIAL BUILDING  
SPRINGFIELD, IL 62756  
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## TABLE OF CONTENTS

## **DEPARTMENT OF PUBLIC AID**

Page

Proposed Revision of Rate Schedules for ICF/MR Payment . . . . . 1

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**EDITOR SPECIAL NOTICE  
TO ALL AGENCIES**

AS OF JANUARY 1, 1978 ALL AGENCIES ARE UNDER THE ILLINOIS ADMINISTRATIVE PROCEDURE ACT.

A. Per the Administrative Procedure Act - Section 7.01, any rule on file with the Secretary of State, on January 1, 1978 shall be *void* 60 days after that date unless within such 60 day period the issuing agency certifies to the Secretary of State that the rule is currently in effect.

B. SECRETARY OF STATE - *Rules on Rules*

Article III - Rule 3.03

No *Proposed Rules* will be accepted by the Secretary of State, Rules and Regulations unless the proper format is followed - TAKE SPECIAL NOTE:

1. If the proposal is a new rule, the full text of the new rule; or
2. If the proposal is an amendment to a rule, the full text of the existing rule with proposed changes indicated. Language being deleted shall be indicated by lining through the text and new language shall be indicated by underlining; or
3. If the proposal is a repealer, the full text of the rule to be repealed.

If any questions should arise, please feel free to contact:

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Illinois Register  
490 Centennial Building  
Springfield, Illinois 62756  
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          (217) 782-7350

Illinois Department of Public Aid - Proposed Revision of RateSchedules for ICF/MR Payment

The Illinois Department of Public Aid proposes to adopt revised rate schedules for ICF/MR Payments pursuant to the Illinois Public Aid Code, Illinois Revised Statutes, Chapter 23, Sections 5-7 and 12-13. The existing rate schedules appear in Rule 4.14 - Group Care Services, Attachment II, pages 22 and 23. The revisions have already been filed as emergency Rules effective January 13, 1978, and replace the existing Rate Schedules for ICF/MR Payments.

These revisions are being proposed pursuant to Federal statutory and regulatory requirements that mandated revisions in the Department's system for reimbursing skilled nursing and intermediate care facilities. These changes must be implemented, effective for services delivered on or after January 1, 1978.

The texts of the existing Rate Schedule (with an "X" marked through them) and the proposed Rate Schedules are as follows:

Any person who wishes to comment should submit such comments to Jeffrey C. Miller, Deputy Director, Division of Medical Programs, Illinois Department of Public Aid, 316 South Second Street, Third Floor, Springfield, Illinois 62762.

## ILLINOIS REGISTER

## RATE SCHEDULE FOR ICR/MR PAYMENT - GROUP III - JULY 1, 1977

<u>Provisional</u>				<u>Full Status</u>			
Not Qualified for "SHELTER FACTOR" ALLOWANCE				Includes "SHELTER FACTOR" ALLOWANCE			
Regular Rate	Approved Activity Program Only	Approved RN&A Program	Point Count	Regular Rate	Approved Activity Program Only	Approved RN&A Program	Approved Program
\$355.00	\$363.00	\$375.00	0-7	\$421.00	\$429.00	\$441.00	
361.00	369.00	381.00	8	427.00	438.00	447.00	
367.00	375.00	387.00	9	433.00	441.00	453.00	
373.00	381.00	393.00	10	439.00	447.00	459.00	
379.00	387.00	399.00	11	445.00	453.00	465.00	
385.00	393.00	405.00	12	451.00	459.00	471.00	
391.00	399.00	411.00	13	457.00	465.00	477.00	
397.00	405.00	417.00	14	463.00	471.00	483.00	
403.00	411.00	423.00	15	469.00	477.00	489.00	
409.00	417.00	429.00	16	475.00	483.00	495.00	
415.00	423.00	435.00	17	481.00	489.00	501.00	
421.00	429.00	441.00	18	487.00	495.00	507.00	
427.00	435.00	447.00	19	493.00	501.00	513.00	
433.00	441.00	453.00	20	499.00	507.00	519.00	
439.00	447.00	459.00	21	505.00	513.00	525.00	
445.00	453.00	465.00	22	511.00	519.00	531.00	
451.00	459.00	471.00	23	517.00	525.00	537.00	
457.00	465.00	477.00	24	523.00	531.00	543.00	
463.00	471.00	483.00	25	529.00	537.00	549.00	
469.00	477.00	489.00	26	535.00	543.00	555.00	
475.00	483.00	495.00	27	541.00	449.00	561.00	
481.00	489.00	501.00	28	547.00	555.00	567.00	
487.00	495.00	507.00	29	553.00	561.00	573.00	
493.00	501.00	513.00	30	559.00	567.00	579.00	
499.00	507.00	519.00	31	565.00	573.00	585.00	
505.00	513.00	525.00	32	571.00	579.00	591.00	
511.00	519.00	531.00	33	577.00	585.00	597.00	
517.00	525.00	537.00	34	583.00	591.00	603.00	
523.00	531.00	543.00	35	589.00	597.00	609.00	
529.00	537.00	549.00	36	595.00	603.00	615.00	
535.00	543.00	555.00	37	601.00	609.00	621.00	
541.00	549.00	561.00	38	607.00	615.00	627.00	
547.00	555.00	567.00	39	613.00	621.00	633.00	
553.00	561.00	573.00	40	619.00	627.00	639.00	
559.00	567.00	579.00	41	625.00	633.00	645.00	
565.00	572.00	585.00	42	631.00	639.00	651.00	
571.00	579.00	591.00	43	637.00	645.00	657.00	
577.00	585.00	597.00	44	643.00	651.00	663.00	
583.00	591.00	603.00	45	649.00	657.00	669.00	
589.00	597.00	609.00	46	655.00	663.00	675.00	
595.00	603.00	615.00	47	661.00	669.00	681.00	
601.00	609.00	621.00	48	667.00	675.00	687.00	
607.00	615.00	627.00	49	673.00	681.00	693.00	
613.00	621.00	633.00	50	679.00	687.00	699.00	

## RATE SCHEDULE FOR ICF/MR PAYMENT - GROUP II - JULY 1, 1977

<u>Provisional</u>				<u>Full Status</u>			
Not Qualified for "SHELTER FACTOR" ALLOWANCE				Includes "SHELTER FACTOR" ALLOWANCE			
Regular Rate	Approved Activity Program Only	Approved RNRA Program	Point Count	Regular Rate	Approved Activity Program Only	Approved RNRA Program	Approved Program
\$337.00	\$345.00	\$357.00	0-7	\$404.00	\$412.00	\$424.00	
342.00	350.00	362.00	8	409.00	417.00	429.00	
347.00	355.00	367.00	9	414.00	422.00	434.00	
352.00	360.00	372.00	10	419.00	427.00	439.00	
357.00	365.00	377.00	11	424.00	432.00	444.00	
362.00	370.00	382.00	12	429.00	437.00	449.00	
367.00	375.00	387.00	13	434.00	442.00	454.00	
372.00	380.00	392.00	14	439.00	447.00	459.00	
377.00	385.00	397.00	15	444.00	452.00	464.00	
382.00	390.00	402.00	16	449.00	457.00	469.00	
387.00	395.00	407.00	17	454.00	462.00	474.00	
392.00	400.00	412.00	18	459.00	467.00	479.00	
397.00	405.00	417.00	19	464.00	472.00	484.00	
402.00	410.00	422.00	20	469.00	477.00	489.00	
407.00	415.00	427.00	21	474.00	482.00	494.00	
412.00	420.00	432.00	22	479.00	487.00	499.00	
417.00	425.00	437.00	23	484.00	492.00	504.00	
422.00	430.00	442.00	24	489.00	497.00	509.00	
427.00	435.00	447.00	25	494.00	502.00	514.00	
432.00	440.00	452.00	26	499.00	507.00	519.00	
437.00	445.00	457.00	27	504.00	512.00	524.00	
442.00	450.00	462.00	28	509.00	517.00	529.00	
447.00	455.00	467.00	29	514.00	522.00	534.00	
452.00	460.00	472.00	30	519.00	527.00	539.00	
457.00	465.00	477.00	31	524.00	532.00	544.00	
462.00	470.00	482.00	32	529.00	537.00	549.00	
467.00	475.00	487.00	33	534.00	542.00	554.00	
472.00	480.00	492.00	34	539.00	547.00	559.00	
477.00	485.00	497.00	35	544.00	552.00	564.00	
482.00	490.00	502.00	36	549.00	557.00	569.00	
487.00	495.00	507.00	37	554.00	562.00	574.00	
492.00	500.00	512.00	38	559.00	567.00	579.00	
497.00	505.00	517.00	39	564.00	572.00	584.00	
502.00	510.00	522.00	40	569.00	577.00	589.00	
507.00	515.00	527.00	41	574.00	582.00	594.00	
512.00	520.00	532.00	42	579.00	587.00	599.00	
517.00	525.00	537.00	43	584.00	592.00	604.00	
522.00	530.00	542.00	44	589.00	597.00	609.00	
527.00	535.00	547.00	45	594.00	602.00	614.00	
532.00	540.00	552.00	46	599.00	607.00	619.00	
537.00	545.00	557.00	47	604.00	612.00	624.00	
542.00	550.00	562.00	48	609.00	617.00	629.00	
547.00	555.00	567.00	49	614.00	622.00	634.00	
552.00	560.00	572.00	50	619.00	627.00	639.00	

**INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)**  
**NURSING COSTS BY POINT COUNT**  
**HEALTH SERVICE AREA (HSA) I**

Effective 1-1-78

The Counties included in HSA I are:

Points	Daily Rates	Monthly Rates		
		28 Days	30 Days	31 Days
1	4.40	123.20	132.00	136.40
2	4.50	126.00	135.00	139.50
3	4.59	128.52	137.70	142.29
4	4.69	131.32	140.70	145.39
5	4.79	134.12	143.70	148.49
6	4.88	136.64	146.40	151.28
7	4.98	139.44	149.40	154.38
8	5.08	142.24	152.40	157.48
9	5.18	145.04	155.40	160.58
10	5.27	147.56	158.10	163.37
11	5.37	150.36	161.10	166.47
12	5.47	153.16	164.10	169.57
13	5.56	155.68	166.80	172.36
14	5.66	158.48	169.80	175.46
15	5.76	161.28	172.80	178.56
16	5.85	163.80	175.50	181.35
17	5.95	166.60	178.50	184.45
18	6.05	169.40	181.50	187.55
19	6.15	172.20	184.50	190.65
20	6.24	174.72	187.20	193.44
21	6.34	177.52	190.20	196.54
22	6.44	180.32	193.20	199.64
23	6.53	182.84	195.90	202.43
24	6.63	185.64	198.90	205.53
25	6.73	188.44	201.90	208.63
26	6.82	190.96	204.60	211.42
27	6.92	193.76	207.60	214.52
28	7.02	196.56	210.60	217.62
29	7.12	199.36	213.60	220.72
30	7.21	201.88	216.30	223.51
31	7.31	204.68	219.30	226.61
32	7.41	207.48	222.30	229.71
33	7.50	210.00	225.00	232.50
34	7.60	212.80	228.00	235.60
35	7.70	215.60	231.00	238.70
36	7.79	218.12	233.70	241.49
37	7.89	220.92	236.70	244.59
38	7.99	223.72	239.70	247.69
39	8.09	226.52	242.70	250.79
40	8.18	229.04	245.40	253.58
41	8.28	231.84	248.40	256.68
42	8.38	234.64	251.40	259.78
43	8.47	237.16	254.10	262.57
44	8.57	239.96	257.10	265.67
45	8.67	242.76	260.10	268.77
46	8.76	245.28	262.80	271.56
47	8.86	248.08	265.80	274.66
48	8.96	250.88	268.80	277.76
49	9.06	253.68	271.80	280.86
50	9.15	256.20	274.50	283.65

**INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)**  
**NURSING COSTS BY POINT COUNT**  
**HEALTH SERVICE AREA (HSA) II**

Effective 1-1-78

The Counties included in HSA II are:

Bureau Fulton Henderson	Knox LaSalle Marshall	McDonough Peoria Putnam	Stark Tazewell Warren	Woodford
Points	Daily Rates	Monthly Rates		
		28 Days	30 Days	31 Days
1	4.48	125.44	134.40	138.88
2	4.58	128.24	137.40	141.98
3	4.68	131.04	140.40	145.08
4	4.78	133.84	143.40	148.18
5	4.87	136.36	146.10	150.97
6	4.97	139.16	149.10	154.07
7	5.07	141.96	152.10	157.17
8	5.17	144.76	155.10	160.27
9	5.27	147.56	158.10	163.37
10	5.37	150.36	161.10	166.47
11	5.47	153.16	164.10	169.57
12	5.57	155.96	167.10	172.67
13	5.67	158.76	170.10	175.77
14	5.77	161.56	173.10	178.87
15	5.86	164.08	175.80	181.66
16	5.96	166.88	178.80	184.76
17	6.06	169.68	181.80	187.86
18	6.16	172.48	184.80	190.96
19	6.26	175.28	187.80	194.06
20	6.36	178.08	190.80	197.16
21	6.46	180.88	193.80	200.26
22	6.56	183.68	196.80	203.36
23	6.66	186.48	199.80	206.46
24	6.76	189.28	202.80	209.56
25	6.85	191.80	205.50	212.35
26	6.95	194.60	208.50	215.45
27	7.05	197.40	211.50	218.55
28	7.15	200.20	214.50	221.65
29	7.25	203.00	217.50	224.75
30	7.35	205.80	220.50	227.85
31	7.45	208.60	223.50	230.95
32	7.55	211.40	226.50	234.05
33	7.65	214.20	229.50	237.15
34	7.75	217.00	232.50	240.25
35	7.84	219.52	235.20	243.04
36	7.94	222.32	238.20	246.14
37	8.04	225.12	241.20	249.24
38	8.14	227.92	244.20	252.34
39	8.24	230.72	247.20	255.44
40	8.34	233.52	250.20	258.54
41	8.44	236.32	253.20	261.64
42	8.54	239.12	256.20	264.74
43	8.64	241.92	259.20	267.64
44	8.74	244.72	262.20	270.94
45	8.83	247.24	264.90	273.73
46	8.93	250.04	267.90	276.33
47	9.03	252.84	270.90	279.93
48	9.13	255.64	273.90	283.03
49	9.23	258.44	276.90	286.13
50	9.33	261.24	279.90	289.23

**ILLINOIS REGISTER**

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**INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)  
NURSING COSTS BY POINT COUNT  
HEALTH SERVICE AREA (HSA) III**

Effective 1-1-78

The Counties included in HSA III are:

Points	Daily Rates	28 Days	Monthly Rates	
			30 Days	31 Days
1	4.47	125.16	134.10	138.57
2	4.57	127.96	137.10	141.67
3	4.67	130.76	140.10	144.77
4	4.76	133.28	142.80	147.56
5	4.86	136.08	145.80	150.66
6	4.96	138.88	148.80	153.76
7	5.06	141.68	151.80	156.86
8	5.16	144.48	154.80	159.96
9	5.26	147.28	157.80	163.06
10	5.36	150.08	160.80	166.16
11	5.46	152.88	163.80	169.26
12	5.56	155.68	166.80	172.36
13	5.66	158.48	169.80	175.46
14	5.75	161.00	172.50	178.25
15	5.85	163.80	175.50	181.35
16	5.95	166.60	178.50	184.45
17	6.05	169.40	181.50	187.55
18	6.15	172.20	184.50	190.65
19	6.25	175.00	187.50	193.75
20	6.35	177.80	190.50	196.85
21	6.45	180.60	193.50	199.95
22	6.55	183.40	196.50	203.05
23	6.65	186.20	199.50	206.15
24	6.74	188.72	202.20	208.94
25	6.84	191.52	205.20	212.04
26	6.94	194.32	208.20	215.14
27	7.04	197.12	211.20	218.24
28	7.14	199.92	214.20	221.34
29	7.24	202.72	217.20	224.44
30	7.34	205.52	220.20	227.54
31	7.44	208.32	223.20	230.64
32	7.54	211.12	226.20	233.74
33	7.64	213.92	229.20	236.84
34	7.73	216.44	231.90	239.63
35	7.83	219.24	234.90	242.73
36	7.93	222.04	237.90	245.83
37	8.03	224.84	240.90	248.93
38	8.13	227.64	243.90	252.03
39	8.23	230.44	246.90	255.13
40	8.33	233.24	249.90	258.23
41	8.43	236.04	252.90	261.33
42	8.53	238.84	255.90	264.43
43	8.63	241.64	258.90	267.53
44	8.72	244.16	261.60	270.32
45	8.82	246.96	264.60	273.42
46	8.92	249.76	267.60	276.52
47	9.02	252.56	270.60	279.62
48	9.12	255.36	273.60	282.72
49	9.22	258.16	276.60	285.82
50	9.32	260.96	279.60	288.92

**INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)**  
**NURSING COSTS BY POINT COUNT**  
**HEALTH SERVICE AREA (HSA) IV**

Effective 1-1-78

The Counties included in HSA IV are:

Champaign	DeWitt	Ford	Macon	Piatt
Clark	Douglas	Iroquois	McLean	Shelby
Coles	Edgar	Livingston	Moultrie	Vermilion
Cumberland				

Points	Daily Rates	Monthly Rates		
		28 Days	30 Days	31 Days
1	4.49	125.72	134.70	139.19
2	4.59	128.52	137.70	142.29
3	4.69	131.32	140.70	145.39
4	4.79	134.12	143.70	148.49
5	4.89	136.92	146.70	151.59
6	4.99	139.72	149.70	154.69
7	5.09	142.52	152.70	157.79
8	5.19	145.32	155.70	160.89
9	5.29	148.12	158.70	163.99
10	5.39	150.92	161.70	167.09
11	5.49	153.72	164.70	170.19
12	5.59	156.52	167.70	173.29
13	5.69	159.32	170.70	176.39
14	5.79	162.12	173.70	179.49
15	5.89	164.92	176.70	182.59
16	5.99	167.72	179.70	185.69
17	6.09	170.52	182.70	188.79
18	6.19	173.32	185.70	191.89
19	6.29	176.12	188.70	194.99
20	6.39	178.92	191.70	198.09
21	6.49	181.72	194.70	201.19
22	6.59	184.52	197.70	204.29
23	6.69	187.32	200.70	207.39
24	6.79	190.12	203.70	210.49
25	6.89	192.92	206.70	213.59
26	6.99	195.72	209.70	216.69
27	7.09	198.52	212.70	219.79
28	7.19	201.32	215.70	222.89
29	7.29	204.12	218.70	225.99
30	7.39	206.92	221.70	229.09
31	7.49	209.72	224.70	232.19
32	7.59	212.52	227.70	235.29
33	7.69	215.32	230.70	238.39
34	7.79	218.12	233.70	241.49
35	7.89	220.92	236.70	244.59
36	7.99	223.72	239.70	247.69
37	8.09	226.52	242.70	250.79
38	8.19	229.32	245.70	253.89
39	8.29	232.12	248.70	256.99
40	8.39	234.92	251.70	260.09
41	8.49	237.72	254.70	263.19
42	8.59	240.52	257.70	266.29
43	8.69	243.32	260.70	269.39
44	8.79	246.12	263.70	272.49
45	8.89	248.92	266.70	275.59
46	8.99	251.72	269.70	278.69
47	9.09	254.52	272.70	281.79
48	9.19	257.32	275.70	284.89
49	9.29	260.12	278.70	287.99
50	9.39	262.92	281.70	291.09

ILLINOIS REGISTER

**INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)  
NURSING COSTS BY POINT COUNT  
HEALTH SERVICE AREA (HSA) V**

Effective 1-1-78

The Counties included in HSA V are:

Alexander	Edwards	Gallatin	Jasper	Marion	Pulaski	Union	White
Bond	Effingham	Hamilton	Jefferson	Massac	Randolph	Wabash	Williamson
Clay	Fayette	Hardin	Johnson	Perry	Richland	Washington	
Crawford	Franklin	Jackson	Lawrence	Pope	Saline	Wayne	

Points	Daily Rates	Monthly Rates		
		28 Days	30 Days	31 Days
1	4.41	123.48	132.30	136.71
2	4.51	126.28	135.30	139.81
3	4.60	128.80	138.00	142.60
4	4.70	131.60	141.00	145.70
5	4.80	134.40	144.00	148.80
6	4.90	137.20	147.00	151.90
7	4.99	139.72	149.70	154.69
8	5.09	142.52	152.70	157.79
9	5.19	145.32	155.70	160.89
10	5.28	147.84	158.40	163.68
11	5.38	150.64	161.40	166.78
12	5.48	153.44	164.40	169.88
13	5.57	155.96	167.10	172.67
14	5.67	158.76	170.10	175.77
15	5.77	161.56	173.10	178.87
16	5.87	164.36	176.10	181.97
17	5.96	166.88	178.80	184.76
18	6.06	169.68	181.80	187.86
19	6.16	172.48	164.80	190.96
20	6.25	175.00	187.50	193.75
21	6.35	177.80	190.50	196.85
22	6.45	180.60	193.50	199.95
23	6.54	183.12	196.20	202.74
24	6.64	185.92	199.20	205.84
25	6.74	188.72	202.20	208.94
26	6.84	191.52	205.20	212.04
27	6.93	194.04	207.90	214.83
28	7.03	196.84	210.90	217.93
29	7.13	199.64	213.90	221.03
30	7.22	202.16	216.60	223.82
31	7.32	204.96	219.60	226.92
32	7.42	207.76	222.60	230.02
33	7.51	210.28	225.30	232.81
34	7.61	213.08	228.30	235.91
35	7.71	215.88	231.30	239.01
36	7.81	218.68	234.30	242.11
37	7.90	221.20	237.00	244.90
38	8.00	224.00	240.00	248.00
39	8.10	226.80	243.00	251.10
40	8.19	229.32	245.70	253.89
41	8.29	232.12	248.70	256.99
42	8.39	234.92	251.70	260.09
43	8.48	237.44	254.40	262.88
44	8.58	240.24	257.40	265.98
45	8.68	243.04	260.40	269.08
46	8.78	245.84	263.40	272.18
47	8.87	248.36	266.10	274.97
48	8.97	251.16	269.10	278.07
49	9.07	253.96	272.10	281.17
50	9.16	256.48	274.80	283.96

**INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)  
NURSING COSTS BY POINT COUNT  
HEALTH SERVICE AREA (HSA) VI & VII**

Effective 1-1-78

The Counties included in HSAs VI & VII are:

**Cook and DuPage**

Points	Daily Rates	Monthly Rates		
		28 Days	30 Days	31 Days
1	4.99	139.72	149.70	154.69
2	5.11	143.08	153.30	158.41
3	5.23	146.44	150.90	162.13
4	5.34	149.52	160.20	165.54
5	5.46	152.88	163.80	169.26
6	5.58	156.24	167.40	172.98
7	5.69	159.32	170.70	176.39
8	5.81	162.68	174.30	180.11
9	5.93	166.04	177.90	183.83
10	6.04	169.12	181.20	187.24
11	6.16	172.48	184.80	190.96
12	6.28	175.84	188.40	194.68
13	6.40	179.20	192.00	198.40
14	6.51	182.28	195.30	201.81
15	6.63	185.64	198.90	205.53
16	6.75	189.00	202.50	209.25
17	6.86	192.08	205.80	212.66
18	6.98	195.44	209.40	216.38
19	7.10	198.80	213.00	220.10
20	7.21	201.88	216.30	223.51
21	7.33	205.24	219.90	227.23
22	7.45	208.60	223.50	230.95
23	7.56	211.68	226.80	234.36
24	7.68	215.04	230.40	238.08
25	7.80	218.40	234.00	241.80
26	7.91	221.48	237.30	245.21
27	8.03	224.84	240.90	248.93
28	8.15	228.20	244.50	252.65
29	8.27	231.56	248.10	256.37
30	8.38	234.64	251.40	259.78
31	8.50	238.00	255.00	263.50
32	8.62	241.36	258.60	267.22
33	8.73	244.44	261.90	270.63
34	8.85	247.80	265.50	274.35
35	8.97	251.16	269.10	278.07
36	9.08	254.24	272.40	281.48
37	9.20	257.60	276.00	285.20
38	9.32	260.96	279.60	288.92
39	9.43	264.04	282.90	292.33
40	9.55	267.40	286.50	296.05
41	9.67	270.76	290.10	299.77
42	9.79	274.12	293.70	303.49
43	9.90	277.20	297.00	306.90
44	10.02	280.56	300.60	310.62
45	10.14	283.92	304.20	314.34
46	10.25	287.00	307.50	317.75
47	10.37	290.36	311.10	321.47
48	10.49	293.72	314.70	325.19
49	10.60	296.80	318.00	323.60
50	10.72	300.16	321.60	332.32

1-1-78

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)  
 NURSING COSTS BY POINT COUNT  
 HEALTH SERVICE AREA (HSA) VIII

Effective 1-1-78

The Counties included in HSA VIII are:

Kane	McHenry	Lake	Monthly Rates		
Points	Daily Rates	28 Days	30 Days	31 Days	
1	4.72	132.16	141.60	146.32	
2	4.83	135.24	141.90	149.73	
3	4.93	138.04	147.90	152.83	
4	5.04	141.12	151.20	156.24	
5	5.15	144.20	154.50	159.65	
6	5.25	147.00	157.50	162.75	
7	5.36	150.08	160.80	166.16	
8	5.47	153.16	164.10	169.57	
9	5.57	155.96	167.10	172.67	
10	5.68	159.04	170.40	176.08	
11	5.79	162.12	173.70	179.49	
12	5.90	165.20	177.00	182.90	
13	6.00	168.00	180.00	186.00	
14	6.11	171.08	183.30	189.41	
15	6.22	174.16	186.60	192.82	
16	6.32	176.96	189.60	195.92	
17	6.43	180.04	192.90	199.33	
18	6.54	183.12	196.20	202.74	
19	6.64	185.92	199.20	205.84	
20	6.75	189.00	202.50	209.25	
21	6.86	192.08	205.80	212.66	
22	6.97	195.16	209.10	216.07	
23	7.07	197.96	212.10	219.17	
24	7.18	201.04	215.40	222.58	
25	7.29	204.12	218.70	225.99	
26	7.39	206.92	221.70	229.09	
27	7.50	210.00	225.00	232.50	
28	7.61	213.08	228.30	235.91	
29	7.71	215.88	231.30	239.01	
30	7.82	218.96	234.60	242.42	
31	7.93	222.04	237.90	245.83	
32	8.04	225.12	241.20	249.24	
33	8.14	227.92	244.20	252.34	
34	8.25	231.00	247.50	255.75	
35	8.36	234.08	250.80	259.16	
36	8.46	236.88	253.80	262.26	
37	8.57	239.96	257.10	265.67	
38	8.68	243.04	260.40	269.08	
39	8.78	245.84	263.40	272.18	
40	8.89	248.92	266.70	275.59	
41	9.00	252.00	270.00	279.00	
42	9.11	255.08	273.30	282.41	
43	9.21	257.88	276.30	285.51	
44	9.32	260.96	279.60	288.92	
45	9.43	264.04	282.90	292.33	
46	9.53	266.84	285.90	295.43	
47	9.64	269.82	289.20	298.84	
48	9.75	273.00	292.50	302.25	
49	9.85	275.80	295.50	305.35	
50	9.96	278.88	298.80	309.70	

1-1-78

**INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)**  
**NURSING COSTS BY POINT COUNT**  
**HEALTH SERVICE AREA (HSA) IX**

Effective 1-1-78

The Counties included in HSA IX are:

Points	Grundy	Kankakee	Kendall	Will		
				Daily Rates	Monthly Rates 28 Days	Monthly Rates 30 Days
1		4.45	124.60		133.50	137.95
2		4.55	127.40		136.50	141.05
3		4.64	129.92		139.20	143.84
4		4.74	132.72		142.20	146.94
5		4.84	135.52		145.20	150.04
6		4.94	138.32		148.20	153.14
7		5.04	141.12		151.20	156.24
8		5.13	143.64		153.90	159.03
9		5.23	146.44		156.90	162.13
10		5.33	149.24		159.90	165.23
11		5.43	152.04		162.90	168.33
12		5.53	154.84		165.90	171.43
13		5.62	157.36		168.60	174.22
14		5.72	160.16		171.60	177.32
15		5.82	162.96		174.60	180.42
16		5.92	165.76		177.60	183.52
17		6.02	168.56		180.60	186.62
18		6.11	171.08		183.30	189.41
19		6.21	173.88		186.30	192.51
20		6.31	176.68		189.30	195.61
21		6.41	179.48		192.30	198.71
22		6.51	182.28		195.30	201.81
23		6.60	184.80		198.00	204.60
24		6.70	187.60		201.00	207.70
25		6.80	190.40		204.00	210.80
26		6.90	193.20		207.00	213.90
27		7.00	196.00		210.00	217.00
28		7.09	193.52		212.70	219.79
29		7.19	201.32		215.70	222.89
30		7.29	204.12		218.70	225.99
31		7.39	206.92		221.70	229.09
32		7.49	209.72		224.70	232.19
33		7.58	212.24		227.40	234.98
34		7.68	215.04		230.40	238.08
35		7.78	217.84		233.40	241.18
36		7.88	220.64		236.40	244.28
37		7.98	223.44		239.40	247.38
38		8.07	225.96		242.10	250.17
39		8.17	228.76		245.10	253.27
40		8.27	231.56		248.10	256.37
41		8.37	234.36		251.10	259.47
42		8.47	237.16		254.10	262.57
43		8.56	239.68		256.80	265.36
44		8.66	242.48		259.80	268.46
45		8.76	245.28		262.80	271.56
46		8.86	248.08		265.80	274.66
47		8.96	250.88		268.80	277.76
48		9.05	253.40		271.50	280.55
49		9.15	256.20		274.50	283.65
50		9.25	259.00		277.50	286.75

1-1-78

**INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)  
NURSING COSTS BY POINT COUNT  
HEALTH SERVICE AREA (HSA) X**

Effective 1-1-78

The Counties included in HSA X are:

Points	Daily Rates	Monthly Rates		
		28 Days	30 Days	31 Days
1	4.56	127.68	136.80	141.36
2	4.67	130.76	140.10	144.77
3	4.77	133.56	143.10	147.87
4	4.87	136.36	146.10	150.97
5	4.97	139.16	149.10	154.07
6	5.07	141.96	152.10	157.17
7	5.18	145.04	155.40	160.58
8	5.28	147.84	153.40	163.68
9	5.38	150.64	161.40	166.78
10	5.48	153.44	164.40	169.68
11	5.58	156.24	167.40	172.98
12	5.69	159.32	170.70	176.39
13	5.79	162.12	173.70	179.49
14	5.89	164.92	176.70	182.59
15	5.99	167.72	179.70	185.69
16	6.09	170.52	182.70	188.79
17	6.20	173.60	186.00	192.20
18	6.30	176.40	189.00	195.30
19	6.40	179.20	192.00	198.40
20	6.50	182.00	195.00	201.50
21	6.60	184.80	198.00	204.60
22	6.71	187.88	201.30	208.01
23	6.81	190.68	204.30	211.11
24	6.91	193.48	207.30	214.21
25	7.01	196.28	210.30	217.31
26	7.11	199.08	213.30	220.41
27	7.22	202.16	216.60	223.82
28	7.32	204.96	219.60	226.92
29	7.42	207.76	222.60	230.02
30	7.52	210.56	225.60	233.12
31	7.62	213.36	228.60	236.22
32	7.73	216.44	231.90	239.63
33	7.83	219.24	234.90	242.73
34	7.93	222.04	237.90	245.83
35	8.03	224.84	240.90	248.93
36	8.13	227.64	243.90	252.03
37	8.24	230.72	247.20	255.44
38	8.34	233.52	250.20	258.54
39	8.44	236.32	253.20	261.64
40	8.54	239.12	256.20	264.74
41	8.64	241.92	259.20	267.84
42	8.75	245.00	262.50	271.25
43	8.85	247.80	265.50	274.35
44	8.95	250.60	268.50	277.45
45	9.05	253.40	271.50	280.55
46	9.15	256.20	274.50	283.65
47	9.26	259.28	277.80	287.06
48	9.36	262.08	280.90	290.16
49	9.46	264.88	283.00	293.26
50	9.56	267.68	286.80	296.36

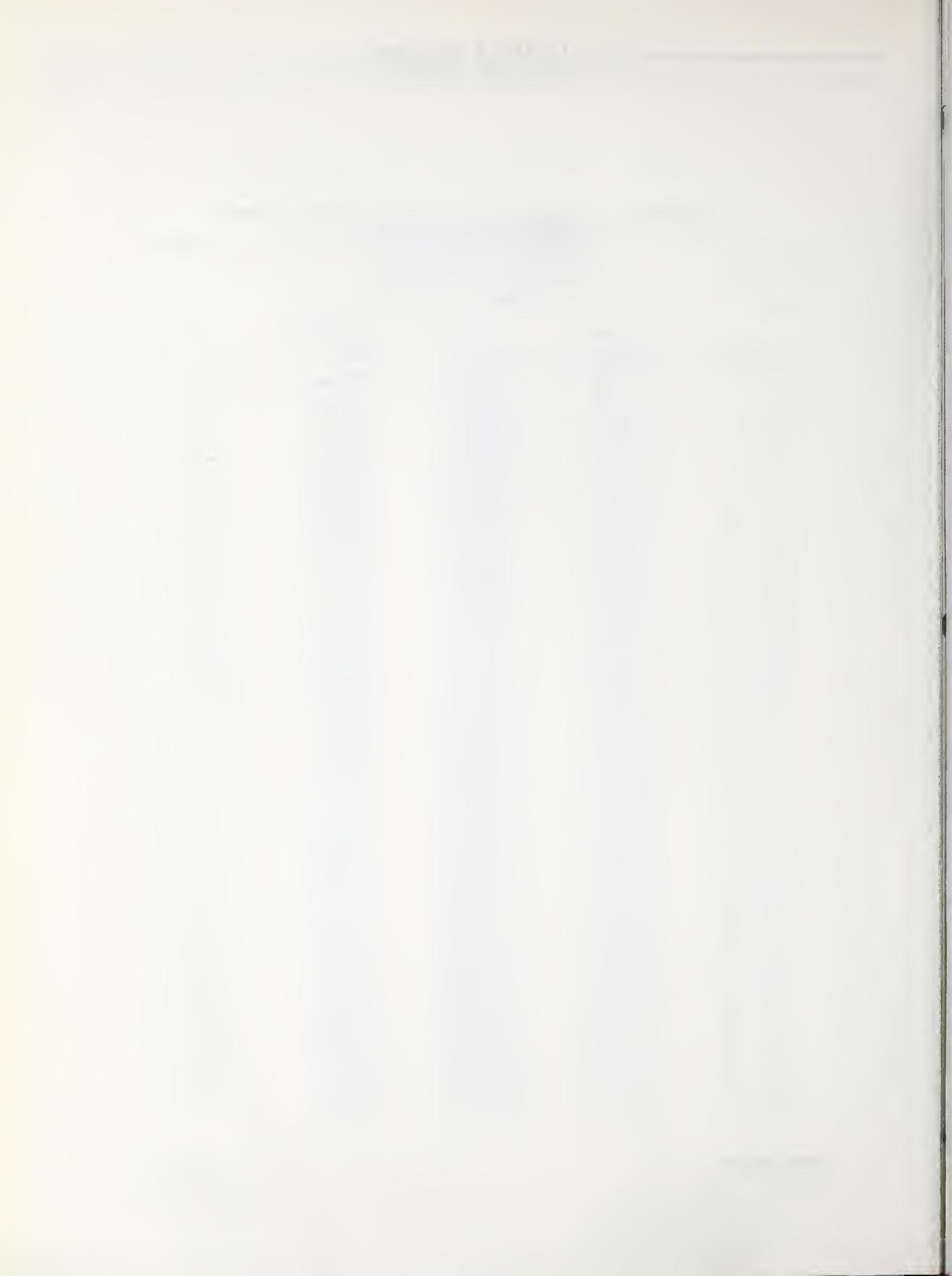
**INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)**  
**NURSING COSTS BY POINT COUNT**  
**HEALTH SERVICE AREA (HSA) XI**

Effective 1-1-78

The Counties included in HSA XI are:

Clinton	Madison	Monroe	St. Clair		
			Daily Rates	28 Days	Monthly Rates
Points				30 Days	31 Days
1		4.52	126.56	135.60	140.12
2		4.62	129.36	138.60	143.22
3		4.72	132.16	141.60	146.32
4		4.82	134.96	144.60	149.42
5		4.92	137.76	147.60	152.52
6		5.03	140.84	150.00	155.93
7		5.13	143.64	153.90	159.03
8		5.23	146.44	156.90	162.13
9		5.33	149.24	159.90	165.23
10		5.43	152.04	162.90	168.33
11		5.53	154.84	165.90	171.43
12		5.63	157.64	168.90	174.53
13		5.73	160.44	171.90	177.63
14		5.83	163.24	174.90	180.73
15		5.93	166.04	177.90	183.83
16		6.04	169.12	181.20	187.24
17		6.14	171.92	184.20	190.34
18		6.24	174.72	187.20	193.44
19		6.34	177.52	190.20	196.54
20		6.44	180.32	193.20	199.64
21		6.54	183.12	196.20	202.74
22		6.64	185.92	199.20	205.84
23		6.74	188.72	202.20	203.94
24		6.84	191.52	205.20	212.04
25		6.94	194.32	208.20	215.14
26		7.05	197.40	211.90	218.55
27		7.15	200.20	214.50	221.65
28		7.25	203.00	217.50	224.75
29		7.35	205.80	220.50	227.85
30		7.45	208.60	223.50	230.95
31		7.55	211.40	226.50	234.05
32		7.65	214.20	229.50	237.15
33		7.75	217.00	232.50	240.25
34		7.85	219.80	235.50	243.35
35		7.95	222.60	238.50	246.45
36		8.06	225.68	241.80	249.86
37		8.16	228.48	244.80	252.96
38		8.26	231.28	247.80	256.06
39		8.36	234.08	250.80	259.16
40		8.46	236.88	253.80	262.26
41		8.56	239.68	256.80	265.36
42		8.66	242.48	259.60	268.46
43		8.76	245.28	262.80	271.56
44		8.86	248.08	265.80	274.66
45		8.96	250.88	268.80	277.76
46		9.07	253.96	272.10	281.17
47		9.17	256.76	275.10	284.27
48		9.27	259.56	278.10	287.37
49		9.37	262.36	281.10	290.47
50		9.47	265.16	284.10	293.57

1-1-78





**ALAN J. DIXON**  
Secretary of State

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